

PATENT ASSIGNMENT

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ASSIGNMENT OF ASSIGNOR'S INTEREST

CONVEYING PARTY DATA

Conveying Party Name: Phani K. Bidarahalli

Execution Date: 03/20/2001

Conveying Party Name: Christopher J. Mussack

Execution Date: 03/20/2001

Conveying Party Name: Peter Lehel

Execution Date: 03/20/2001

RECEIVING PARTY DATA

Receiving Party Name: GE Medical Systems Global Technology Company, LLC

Street Address: 3000 North Grandview Boulevard

Internal Address:

City: Waukesha

State:

Country: UNITED STATES

Postal Code: 53188

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CUSTOMER NUMBER: 028382

***To the best of my knowledge, the foregoing information is true and correct and any
attached copy is a true copy of the original document.***

NAME OF PERSON SIGNING: Adam J. Forman

03/30/2001

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PTO/SB/01 (6-95)

Approved for use through 9/30/98. OMB 0651-0032

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/96 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	390086.94723
	First Named Inventor	Phani Kumar Bidarahalli
	COMPLETE IF KNOWN	
	Application Number	Herewith
	Filing Date	Herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND SYSTEM FOR EVENT COMMUNICATION ON A
DISTRIBUTED SCANNER/WORKSTATION PLATFORM**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____

as United States Application Number or PCT International

Application Number _____

and was amended on (MM/DD/YYYY) _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



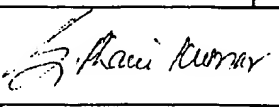
☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

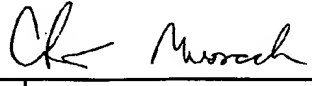
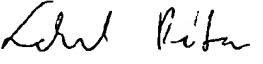
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. #5021445

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DECLARATION						Page 2		
<p>I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>								
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto								
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:</p>								
<input checked="" type="checkbox"/> Firm Name OR		Quarles & Brady LLP			Customer or label Number		 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">28382</div> <div style="text-align: center; font-size: 0.8em;">PATENT, TRADEMARK OFFICE</div>	
<input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below								
Name		Registration Number		Name		Registration Number		
<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto								
Please direct all correspondence to <input checked="" type="checkbox"/> Customer Number or label						OR <input type="checkbox"/> Fill in correspondence		
<div style="text-align: center; font-weight: bold; font-size: 1.2em;">28382</div> <div style="text-align: center; font-size: 0.8em;">PATENT, TRADEMARK OFFICE</div>								
Name 28382								
Address								
Address								
City				State		Zip		
Country		Telephone		Fax				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>								
Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor				
Given Name		Phani		Middle Initial		K.		
				Family Name		Bidarahalli		
Suffix e.g. Jr.								
Inventor's Signature							Date 03/20/01	
Residence:		Waukesha		State		WI		
				Country		USA		
Citizenship		India						
Post Office		2402 Springdale Road #209						
Post Office								
City		Waukesha		State		WI		
		Zip		53186		Country		
						USA		
Applicant Authority								

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor								
Given Name	Christopher				Middle Initial	J.	Family Name	Mussack			Suffix e.g. Jr.			
Inventor's Signature										Date	3/20/01			
Residence:	Waukesha				State	WI	Country	USA			Citizenship	USA		
Post Office	W251 S4310 Oakview Dr													
Post Office														
City	Waukesha				State	WI	Zip	53189		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor								
Given Name	Peter				Middle Initial		Family Name	Lehel			Suffix e.g. Jr.			
Inventor's Signature										Date	3/20/01			
Residence:	Waukesha				State	WI	Country	USA			Citizenship	Hungary		
Post Office	2019 Kensington Dr. #8													
Post Office														
City	Waukesha				State	WI	Zip	53188		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor								
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature										Date				
Residence:					State		Country				Citizenship			
Post Office														
Post Office														
City					State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor								
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature										Date				
Residence:					State		Country				Citizenship			
Post Office														
Post Office														
City					State		Zip			Country			Applicant Authority	